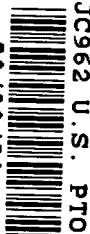


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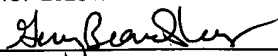
Certificate of Mailing

Date of Deposit August 28, 2001Label Number: EL 834597902 US

I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	50063/018002
Applicant	Dale P. DeVore and Peter D. Ciarametaro
Title	METHODS FOR PROCESSING ANIMAL TISSUES
PRIORITY INFORMATION:	
This application claims the benefit of the filing date of United States provisional patent application 60/228,393, filed August 28, 2000.	
SMALL ENTITY STATUS:	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	[1] pages
Specification	[21] pages
Claims	[5] pages
Abstract	[1] pages
Drawing	[**] sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	[2] pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] disk
Preliminary Amendment	[**] pages
IDS	[**] pages

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Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$710/\$355	\$355.00
Excess Claims Fee: 36 - 20 = 16 x \$9	\$144.00
Excess Independent Claims Fee: 6 - 3 = 3 x \$40	\$120.00
Multiple Dependent Claims Fee: \$270/\$135	\$***
Total Fees:	\$619.00
<input checked="" type="checkbox"/> Enclosed is a check for \$619.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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CUSTOMER NO: 21559	
Signature: <u>Timothy J. Dourde</u> Reg. No. 41,716	
Date: <u>August 28, 2001</u>	

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